

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107488

Entity Name: JARED FOGLE, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

1662 SE BLOCKTON AVE
PORT ST LUCIE, FL 34942

New Principal Place of Business:

Current Mailing Address:

1662 SE BLOCKTON AVE
PORT ST LUCIE, FL 34942

New Mailing Address:

FEI Number: 35-2126339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL J
1662 SE BLOCKTON AVE
PORT ST LUCIE, FL 34942

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FOGLE, JARED S
Address: 1862 SE BLOCKTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPS () Delete
Name: FOGLE, NORMAN
Address: 1662 SE BLOCKDON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED FOGLE

PT

01/08/2004

Electronic Signature of Signing Officer or Director

Date